

## WEST NILE VIRUS CASE REPORT FORM

Date of Report: \_\_\_\_\_

Case Number: \_\_\_\_\_ Testing Result: \_\_\_\_\_

Date of Onset: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_

Number of other horses on the same premise: \_\_\_\_\_

Location of horse at time of onset:

Address: \_\_\_\_\_

City: \_\_\_\_\_

Vaccination Dates: Initial vaccination: \_\_\_\_\_

Second vaccination: \_\_\_\_\_

Boosters: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Travel History: (Location of travel and dates)

Private local travel: \_\_\_\_\_

Public Horse Event: \_\_\_\_\_

Intrastate (out of county): \_\_\_\_\_

Interstate: \_\_\_\_\_

Current Status of Horse: \_\_\_\_\_

Comments: \_\_\_\_\_

**CONFIDENTIAL**

Veterinarian \_\_\_\_\_ Telephone \_\_\_\_\_

Owner \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_